Approved for use through 1/31/20

| • | • | • | | DETERMIN | Effec | N RECO | ORD Tiber 8.2 | 004 | | 1 | Health Banks |
|------------------------------|--|------------|-----------------------------------|--|--------------|-------------|--|---------|---------------------|-----------------------|-----------------------------|
| _ | APPLICA | TION AS | FILED - P | • | | | | | - | Total | 3/2-5 |
| FOR | (Column 1) | | | (Column 2) | | SMALL ENTI | | πη | OR | OTHER TH SMALL ENT | |
| BASIC FEE | | NUMBER F | KED | HUMBER EXTRA | | RATE | (\$) | FEE (I) | 7 | | |
| SEARCH FEE | | | | NIA | | NVA | | 50.00 | 1 | RATE (1 | |
| EXAMINATION | : 6 2 | . NA | | N/A | | NA | | 250 | | | 300.0 |
| DTAL CLAIMS |). or (a)). | . NA | | N/A | | NVA | 1 | 100 | | NIA | \$500 |
| OFR 1 16(1)1 NOEPENDENT (| 20.440.42 | , mur | nus 20 • • | • | 7 | X\$ 25 | | | | . NW | \$200 |
| 37 CFR 1 16(N) | | · · · mu | · = Coun | · · · · · · · · · · · · · · · · · · · | - | X100 | | | OR | X\$50 | |
| PPLICATION SE | If the | specifica | don and draw | ings exceed 10 | - | | - | | · L | X200 | • |
| EE 7 CFR 1 16(4)) | ls \$2 | 50 (\$126) | for email and | lion size fee due | : | | 1. | - 1 | | | |
| | | | | /) for each on thereof, See 7 CFR 1.16(s). | : 11 | | · · | . [| - 1 | | 1. |
| JETIPLE DEPEN | IDENT CLAIM P | RESENT (| 7 CFR 16(ii) | | ~ } | +180= | | | | ÷ | |
| the difference in | | | | | L | | | | L | +360= | |
| | | | | | ٠. | TOTAL | | | | TOTAL | |
| | NOTTANIA | S AMEN | DED - PAR | TII | | | ٠ | 1 | • | | - |
| T | (Column 1) | | (Column | 2) (Column 3) | • | SMALE | EART | | OR . | OTHER | 3 3 14444 |
| 2/3/06 | CLAIMS REMAINING AFTER | MUM NUM | | BER PRESENT | | SMALL ENT | | | ··· | SMALL | ENTITY |
| Total | WENDWEN. | | PREVIOUSI PAID FOR | Y EXTRA | Π | KATE (\$) | TION | AL | - ' | RATE(\$) | - A001- |
| Independent | | Minus | 20. | • | | \$ 25 | FEE | (a) | - | · | TIONAL FEE (1) |
| DI CER LIGHT | | Minus. | "3 | 2 | | 100 | 1- | o | ` | 50 | |
| | APPLICATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.160) | | | | | | | O | 3 X2 | 00 - | 1 |
| | TION OF MULTIP | E DEPENDE | ENT CLAIM (DT | CFR 1.16(0) | 41 | 80= | | - | - | 60= | - |
| | | | | | TO | TAL | | OR | TOT | | |
| | | | | | 800 | | | OR | ADD | L'FEE | |
| | (Column 1) | | (Column 2) | Column 20 | ADI | O'L FEE | | | | - | |
| | CLAIMS REMAINING | | - (Column 2) HIGHEST NUMBER | (Column 3) | | · · · · · · | | | | | |
| first presenta | CLAIMS | | HIGHEST NUMBER PREVIOUSLY | PRESENT | | TE (\$) | ADDI- TIONAL | 7 | RA | TE (\$) | ADOI- |
| FIRST PRESENTA Total | CLAIMS REMAINING AFTER. AMENOMENT | Minus | HIGHEST | PRESENT | RA | TE (\$) | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 7 | RA | TE (\$) | ADOI- TIONAL FEE (\$) |
| Pirst Presenta | CLAIMS REMAINING AFTER. AMENOMENT | Minus | HIGHEST NUMBER PREVIOUSLY | PRESENT EXTRA | RA | TE (\$) | ADDI- TIONAL | 7 | RA X\$ 50 | : | TIONAL |

* If the entry in column 1 is less than the entry in column 2, write "of in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Indopendent) is the highest number found in the appropriate box in column 1.

Sociocion of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to plocess) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent using gamenting, preparing, and summing the completed appreciation form to the USPTO. Time was vary depending upon the individual case. Any commental the amount of litrie you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.